

DOSE McKINNEY & EVANS LLP

J. Sanford
10-22-02
15/C.R.
2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group:: 3632 }
Atty. Docket: 8266-0371 }
Applicants: Metz, et al. }
Title: MEDICAL DEVICE }
 SUPPORT ASSEMBLY }
Serial No.: 09/629,524 ✓ }
Filed: August 1, 2000 }
Examiner: Chan, K. }

Certificate Under 37 CFR 1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231

on 10/17/02

Ryan C. R.

Dated: 10/17/02

RECEIVED

OCT 17 2002

GROUP 3600

Sir:

In response to the Official Action of August 5, 2002, please amend the above-noted application as indicated below and consider the remarks found herein. Pursuant to 37 C.F.R. §1.121, a version of the claims as amended is submitted herein, and a marked up version showing the amendments to the claims is submitted contemporaneously herewith as

ATTACHMENT A.

Please enter
JAN 13 2002

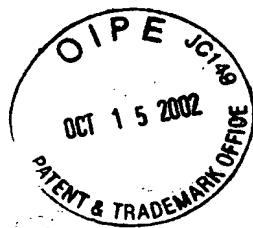


25267

PATENT TRADEMARK OFFICE

PATENT APPLICATION

Applicant: Metz et al.
 Serial No.: 09/629,524
 Filing Date: August 1, 2000
 Title: MEDICAL DEVICE SUPPORT ASSEMBLY
 Group: 3632 Examiner: Chan, K.
 Attorney Docket No.: 8266-0371



2700 First Indiana Plaza
 135 N. Pennslyvania Street
 Indianapolis, Indiana 46204

Certificate Under 37 C.F.R. 1.8(a)

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On 10/7/02

Ryan C. Barker

Dated: October 7, 2002

COMMISSIONER FOR PATENTS
 WASHINGTON, D.C. 20231

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

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CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS (37 C.F.R. 1.16(c))	87	87	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	13	13	0	\$84	\$0
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested
 under 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT _____

A check in the amount of \$ _____ to cover the total fee for this
 amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record
 Printed Name: Ryan C. Barker
 Registration No.: 47,405